

Broker	
Date Sent	

## **Employee Benefits Referral**

Phone (316)712-5093 Fax(316)440-4046 Email info@richeyhealthbenefits.com

COMPANY INFORMA	<u>ATION</u>		Email info@richeyhealthbenefits.com			
Business Name			Phone			
Address			Fax			
City, State, Zip			Email			
Type of Business		Con	Company Contact			
PROGRAM INFORM	<u>ATION</u>					
Current Carrier		Rene	Renewal Date			
Reason for going out	t-to-bid?					
Number of eligible e	mployees	Request	Requested Effective Date			
Number of enrolled	employees					
Richey Health Ber	nefits will contact y	ou to get a census o	of your employees	or Health Profiles.		
Rate History						
	Current Medical	Renewal Medical	Current Dental	Renewal Dental		
Single						
Single + Spouse						
Single + Children						
Family						
Employer Contributi	on					
Waiting Period: 1 <sup>st</sup> of Month following □ 30 □60 days (other)						
Current Benefits (att	ach summary of bene	efits for medical, dent	al, life, disability, vol	untary benefits).		

PLEASE RETURN COMPLETED FORM TO YOUR RICHEY HEALTH BENEFITS REPRESENTATIVE OR TO <a href="mailto:richeyhb@cox.net">richeyhb@cox.net</a> / FAX (316)440-4046

Complete One Line for EACH Person		Male or	Employee,	Employment Status	Coverage Code
Name of Person	Do you	Female	Spouse or	(Circle One)	EE, ES EC or ESC
	Smoke		Child		See bottom of page
EACH Person NEEDS SEPARATE LINE					
Enter First and Last Name for EACH person	Write	M F	date of birth	PT FT	EE, ES, EC or ESC
Sample- Jane Doe	yes or	Circle	per person,	Circle one	Write in one for each
	no	one	enter below		line
		M F		PT FT	
		M F		PT FT	
		IVI F		PI FI	
		M F		PT FT	
		M F		PT FT	
		M F		PT FT	
		M F		PT FT	
		M F		PT FT	
		M F		PT FT	
		101 1		F1 11	
		M F		PT FT	
		M F		PT FT	
		IVI F		ri ri	
		M F		PT FT	
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		M F		PT FT	
		M F		PT FT	
		'''			
		M F		PT FT	
		M F		PT FT	
		M F		PT FT	

Coverage Codes E= Employee ES= Employee & Spouse EC=Employee & Children ESC=Employee, Spouse, Children (Need # of Children & Names on separate line for EACH person)

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